

1. Employee No. 29600

2. Name (Last, First, MI)

Genise, Thomas A.

3. Div/Dept. No. 639 / 357

4. Report No.

5. Dates of Expense: From 7-10-95 To 7-14-95

| | | Sun | Mon | Tues | Wed | Thurs | Fri | Sat | Total |
|--|-----|-----|----------|------|-----------|----------|----------|-----|--------|
| 6. Date | | | 7-10 | | 7-12 | 7-13 | 7-14 | | |
| 7. City | | | Highland | | Galesburg | Marshall | Marshall | | |
| State/Country | | | MI 48062 | | MI 48021 | MI 48019 | MI | | |
| 8. Meals | | | 12.86 | | 23.74 | 2.91 | 15.58 | | 54.29 |
| 9. Incidentals | | | | | | | | | 5.77 |
| 10. Hotel/Motel | | | | | | | 44.09 | | 44.09 |
| 12. Accounting Use Only | | | | | | | | | |
| County Code | | | | | | | | | |
| Per Diem Rate | | | | | | | | | |
| Variance | | | | | | | | | |
| 13. Telephone | | | | | | | 2.54 | | 2.54 |
| 14. Taxi, Auto Rental, Local Transp. | | | | | | | | | |
| Rate _____ per mile (miles) | () | () | () | () | () | () | () | () | () |
| Auto Expense Personal <input type="checkbox"/> Leased <input type="checkbox"/> | | | | | | | | | |
| 16. Employee Purchased Transp. | | | | | | | | | |
| 17.*Entertainment | | | | | | 5.75 | | | 5.75 |
| 18. Parking | | | | | | | | | |
| 19.*Guest Meals | | | 12.06 | | | | 15.52 | | 27.58 |
| 20. Company Paid Transportation | | | | | | | | | |
| 21. Leased Car Maint. (Detail Over) | | | 3.64 | | | | | | 3.64 |
| 22.*Other | | | 286.63 | | 18.43 | | | | 305.06 |
| 23. Total Expense | | | 314.39 | | 40.17 | 8.66 | 77.78 | | 441.00 |

Account Distribution:

[illegible]

Advances:
(Cash, Check, Hotel deposits)

Company paid transportation

Carry over from previous report (if applicable)

Amount due employee
Amount due company

Charge → 625/-01

Purpose of Trip: Mon) Trip to Highland to test/check out AutoSplit for Friday Run and to get fuel.
Wed) Trip to Oakesburg to attend J1939 meeting and meet w/ S. E. Eiden.
Thurs - Fri) Demo of AutoSplit to TCORRA management

*** Explain Expenditures Above By Day:**

Sunday:

Monday:

Tuesday:

Wednesday: 22) Gas Air Co. Van

Thursday: 17 Movie Fee

Exhibit 19

Friday: 19) meals for R. Markyell

Saturday:

This is a true statement of all expenses incurred by me on behalf of the company for the period indicated.

Employee Signature

Date _____

Approved

Date _____

1. Employee No. 57250

4. Report No.

To 7-14-95

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